

CLAIMS ONLY

Application Number

101789494

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3	/		/			
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Total Indep	3		3			
Total Depend	12		12			
Total Claims	15		15			

	Indep	Depend	Indep	Depend	Indep	Depend
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